



Indiana Supreme Court
Court Improvement Program
FINAL REPORT

1. Sub-grantee name and Address:
2. Award Number:
3. Award Period:
4. Date Report Prepared:
5. Project Title

6. Report Entire Grant Period Expenditures by Budget Category

	CIP Grant	Cash Match	In-Kind Match	Total
Personnel(including taxes and benefits)				\$ 0.00
Contracted Services				\$ 0.00
Rent/Utilities				\$ 0.00
Supplies				\$ 0.00
Equipment				\$ 0.00
Postage				\$ 0.00
Copying/Printing/Postage				\$ 0.00
Education/Training				\$ 0.00
Travel				\$ 0.00
Other Expenses (Please specify)				\$ 0.00
Totals	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Please complete the following for the entire grant period:

7. Describe the activities during the grant period.
8. Describe any evaluations conducted and the results, including any relevant statistics.
9. Describe any problems, delays or adverse conditions you have experienced in achieving the stated objectives. Include a statement of action taken, or contemplated and any assistance needed to resolve the situation.
10. Explain your progress in terms of achieving the projects stated goals and objectives.

11. Explain how you plan to sustain the project after the grant funding has ended.

Certification: I certify that to the best of my knowledge, the information above is correct and that all disbursements were or are to be made in accordance with the grant conditions.

Type or Printed Name

Title

Signature

Telephone number

Email address